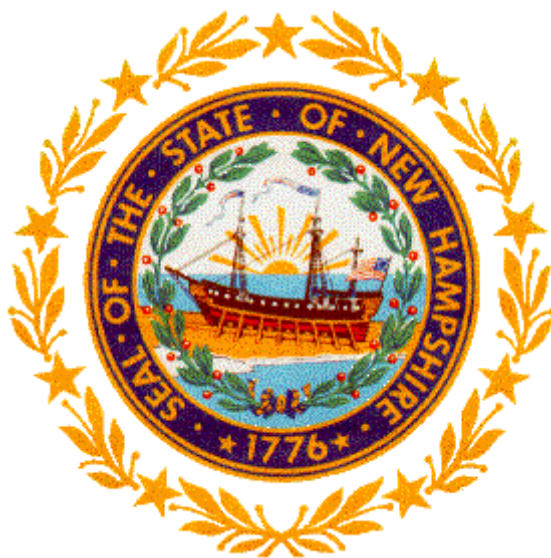
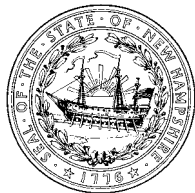


# **The New Hampshire Department of Health and Human Services**

## **State Plan for Suicide Prevention**





**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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**John A. Stephen**  
**Commissioner**

November 18, 2004

I am pleased to present the New Hampshire State Plan for Suicide Prevention. Suicide is one of the leading causes of death for our young people, and one of the major concerns among the age group under 25 in the Department of Health and Human Services' *Healthy NH 2010* initiative. As a matter of public health, we need to begin working now to find ways to reduce the number of suicides statewide.

Lowering the number of suicides requires that the public understand the warning signs that lead to people moving down the path to taking their own life and intervening. This requires an outreach to our citizens so that they are educated to recognize the danger signals early. One major aspect in our plan focuses on this effort.

We also need to make sure that communities can provide access to proper support services so that suicides can be averted. Without help, an individual's downward spiral will continue. We want people who might have suicidal tendencies to know that they can find assistance and guidance to improve their mental state.

This plan has been a true partnership. The collaboration from many groups and the strong direction sent by the legislature, as a matter of policy, have been instrumental in making this effort a reality. The leadership on this issue by Effie Malley, of the Suicide Prevention Partnership, and Elaine Frank, of the Injury Prevention Center at the Dartmouth Hitchcock Medical Center, was critical as well. The Department would like to thank the many who have put so much time and energy into this plan.

Sincerely,

A handwritten signature in cursive script that reads "John A. Stephen".

John A. Stephen  
Commissioner

# New Hampshire State Plan for Suicide Prevention

## Executive Summary

### Suicide – a Major Issue in NH

Suicide is a significant public health problem in New Hampshire:

- In NH for 2001 suicides outnumbered homicides nearly 6 to 1.
- Suicide is the second leading cause of death for those under 25.
- For those of all ages, suicidal behaviors including attempts as well as completed suicides are a significant cause of death, hospitalization and emergency treatment.
- In 2001 170 people died, over 733 were hospitalized and over 1500 were treated in emergency departments for self-inflicted injuries.
- In NH the attempts and suicides treated in the acute care setting alone represent an estimated \$6.2 million in 2001.

Beyond the economic impact and the people whose lives are lost, suicide has an enormous effect on communities. For each death, there are an estimated six survivors of suicide - the family and close friends of someone who died by suicide – who are then at higher risk for suicide themselves. In addition, many others are affected, including those providing emergency care to the victims and those who feel they failed to prevent the death.

### Underlying Principles for the NH State Plan for Suicide Prevention

Research on suicide prevention is growing, with major advances in recent years.

Some underlying principles promoted by the *National Strategy for Suicide*

*Prevention* and incorporated into the NH State Plan include:

- **Suicide is generally preventable** – The vast majority of people who die by suicide have mental illness. Increasingly, these illnesses and conditions can be successfully treated.
- **Prevention must be a collaborative effort** – We must all share in the responsibility of identifying those at risk and getting them needed services. Broad awareness of **warning signs of suicide** will increase referrals and interventions.
- **Risk factors** can be used to design services for those at risk. Likewise, communities that build and support **protective factors** will benefit not just in preventing suicide, but in general health improvement.
- **Suicide Prevention must become part of our ongoing work** and be embedded in our schools, communities, and workplaces.
- **Much of this work can be accomplished with existing resources** provided that we disseminate the knowledge of effective strategies and support collaboration. Public/private collaboration to accomplish this is well underway.

## **Leaders Commit to Suicide Prevention Action Steps**

- NH leaders recognized that preventing suicide requires the involvement of many State agencies as well as private organizations and included suicide reduction goals in *Healthy NH 2010*.
- In March 2004, Commissioner Stephen convened a group of policy and program leaders to be part of a team that “finalizes and implements a State Suicide Prevention Plan.”
- The Commissioner’s initiative coincided with HB 1397 (Chapter 34) in which the Legislature called for development of a State Plan. The effort was led by DHHS staff in conjunction with staff of the Suicide Prevention Partnership and the leadership of the Youth Suicide Prevention Assembly (YSPA). YSPA is an active coalition with representatives from NH DHHS, DOE, DOJ and many private partners that has been meeting since 1994.
- This work is modeled on the goals of the *National Strategy for Suicide Prevention* and includes NH-specific action steps. The public-private group that drafted the Plan included more than forty individuals and organizations. Aside from the resulting document itself, the planning process has elevated awareness of the issue and increased the number of stakeholders who treat suicide prevention as part of their ongoing work, helping to ensure sustainability.

## **The Plan meets the criteria that Commissioner Stephen called for. It is:**

- Based on best practices, and is
- Effective, feasible, and economically viable.

## **Rationale for the Nine State Plan Goals**

### **Goal 1: Promote Awareness That Suicide in NH Is a Public Health Problem That Is Generally Preventable**

- The broader the support for a public health initiative, the greater its chance for success. Public awareness will build support.
- When many people believe that suicide can be prevented and that all members of a community have a role to play, many lives can be saved.
- It is important that the message get to state as well as local leaders.

### **Goal 2: Foster the Development and Evaluation of Suicide Prevention Efforts**

- One way to see an increase in effective programs is to build awareness of existing federally sponsored tools and registries.
- It is especially important to use proven programs with the at-risk groups vulnerable to suicidal behavior.
- Many effective interventions will address other risk factors as well, such as substance abuse, mental illness, or domestic violence.

**Goal 3: Educate Professionals and the Public to Improve Recognition of At Risk Behaviors and the Use of Effective Interventions.**

- Community members who regularly come in contact with individuals or families in distress are called gatekeepers. They have a unique opportunity to save lives by recognizing suicide warning signs and risk factors, and then intervening effectively.
- Effective interventions include promotion of protective factors such as restricted access to lethal means, skills in conflict resolution, and effective clinical care.

**Goal 4: Develop and Promote Effective Clinical and Professional Practices**

- Professionals can help reduce clients' personal and situational factors associated with suicidal behaviors such as depression, substance abuse, and anxiety with early and aggressive treatments.
- Another objective for professionals is to increase clients' protective factors.
- Gatekeepers should refer individuals at risk for suicide to professionals. Professionals, by effectively screening and following up with appropriate intervention, can prevent clients from acting on suicidal feelings or from repeating suicide attempts.

**Goal 5: Improve Access to and Collaboration Among Mental Health, Health Care and Other Service Providers**

- Individuals with mental illness, substance abuse, and some diseases are at higher risk for suicide, as are people with limited access to health services.
- The elimination of health disparities is a goal of Healthy People 2010.
- Quality of care is improved when all components of mental health, physical health, and substance abuse services work together. Services should include prevention, early intervention, treatment, and emergency response.

**Goal 6: Improve and Expand Suicide Surveillance Systems**

- Surveillance will provide NH-specific data that will identify groups of people who are at high risk for suicide.
- Data already being collected needs to be collected more widely, various data reports need to be analyzed collectively, and some data needs to be added to existing reports.
- Fatality review of suicides needs to be expanded to include adult deaths. These reviews often identify system issues that, when addressed, can prevent further deaths.

**Goal 7: Implement Strategies to Reduce the Stigma Associated With Obtaining Mental Health and Suicide Prevention Services**

- 60 to 90 percent of all suicidal behaviors are associated with some form of mental illness, including substance abuse. Stigma prevents people with mental illness from seeking and getting effective treatment.
- Mental disorders and substance abuse need professional assessment and clinically appropriate treatment just like physical disorders.

- Stigma associated with mental disorders and suicide has contributed to inadequate funding and insurance reimbursement, and society's devaluation of mental illness as compared to physical illness.

#### **Goal 8: Improve Media Reporting and Portrayal of Suicidal Behavior and Mental Illness**

- Media can play an important role in destigmatizing mental disorders.
- Training the media to report on suicidal events according to established guidelines will limit suicide contagion.
- Media reports can make people aware of suicide prevention by publicizing risk factors and warning signs as well as available resources.

#### **Goal 9: Promote efforts to reduce access to lethal means and methods of self-harm**

- There is substantial evidence that limiting access to lethal means (including firearms, prescription and other drugs, and alcohol) will prevent some impulsive suicides particularly among youth.
- Training for those who have contact with people at risk for suicide – mental health and primary care practitioners, family members of people with mental illness, institutional staff – will be vital.

## **New Hampshire State Plan for Suicide Prevention Goals, Objectives, and Action Steps**

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### **Goal 1: Promote Awareness That Suicide in NH Is a Public Health Problem That Is Generally Preventable**

*Objective 1.1: Increase the number of communities, organizations and consumer and client groups that recognize suicide as a generally preventable public health problem and are actively involved in prevention activities.*

1. Establish annual events to build awareness of suicide prevention.

Who: Youth Suicide Prevention Assembly (YSPA)

When: 2004 and ongoing

*Objective 1.2: Increase the proportion of NH residents who can recognize suicide warning signs in themselves and others and know how to find help.*

1. Create social marketing messages that encourages individuals to take steps towards preventing suicide. The message will include suicide data, its impact, and the effectiveness of prevention efforts.

Who: YSPA, Suicide Prevention Resource Center (SPRC)

When: 2005

2. Generate, distribute regularly, and centralize on a web site press releases, presentations, and fact sheets that include data, risk and protective factors, warning signs, and helping resources

Who: YSPA Media Committee, SPRC, National Alliance for the Mentally Ill (NAMI) NH, DHHS public information officers

When: 2004 and ongoing

3. Identify partners who will promote and sponsor media messages on suicide prevention and warning signs identification.

Who: YSPA, NAMI NH, Department of Health & Human Services (DHHS), Department of Education (DOE), Department of Corrections, NH Healthy Kids, Anthem, Safety and Health Council of Northern New England

When: ongoing

*Objective 1.3: Increase the number of stakeholders who work on preventing suicide.*

1. Plan and implement a statewide conference on suicide prevention that includes local, community-based, and statewide agencies as well as survivors.

Who: YSPA

When: 2005

**Goal 2: Foster the Development and Evaluation of Suicide Prevention Efforts**

*Objective 2.1: Increase the proportion of communities, social service providers, school districts, private schools and colleges, employers with effective programs in place to prevent suicide.*

1. Encourage the adoption of programs endorsed by the Evidence Based Practice Registry of the Suicide Prevention Resource Center.  
Who: YSPA, SPP, DHHS, DOE, Department of Corrections, Private Provider Associations  
When: 2005 and ongoing
2. Encourage Public Health Networks and Departments and other local organizations and coalitions to add effective suicide prevention efforts to their agendas.  
Who: DHHS – Division of Public Health Services (DPHS)  
When: 2005 and ongoing

*Objective 2.2: Promote and support program quality improvement through evaluation.*

1. Develop suicide prevention performance measures and use them in evaluating program effectiveness  
Who: SPP, DHHS –MCH, Bureau of Behavioral Health (BBH), DOE, community-based organizations, Department of Corrections  
When: FY 06 and ongoing

**Goal 3: Educate Professionals and the Public to Improve Recognition of At Risk Behaviors and the Use of Effective Interventions.**

*Objective 3.1 – Promote effective education programs to increase skills of health care, mental health, and substance abuse treatment, Department of Corrections and other providers in screening for and managing suicidal risk, promoting protective factors, and developing intervention plans for at risk populations and individuals.*

1. Work with colleges, universities and community technical colleges and other training institutions to develop and integrate suicide risk assessment and interventions into curricula for health and social services, education, and other professionals.  
Who: DHHS –BBH, Healthy NH 2010 Mental Health Work Group, DOE, NH Higher Education, Alcohol and Other Drug Committee  
When: 2006 and ongoing
2. Work with licensing boards and continuing education organizations to promote continuing education on suicide risk assessment and interventions.  
Who: SPP, Private Provider Associations, DHHS –BBH, Healthy NH 2010 Mental Health Work Group  
When: 2006 and ongoing



3. Work with organizations, school districts, and employers to offer in-service training and continuing education that includes suicide risk assessment and interventions.

Who: DHHS – BBH (Care NH), Bureau of Elderly & Adult Services (BEAS), Division for Children Youth & Families (DCYF), Division of Juvenile Justice Service (DJJS), Department of Corrections, Bureau of EMS, Police Standards and Training, SHCNNE, DOE,

When: 2005 and ongoing

*Objective 3.2 - Promote community and professional training, especially for those who work with high-risk populations, for recognizing and responding to suicidal behavior.*

1. Provide training and support to communities to effectively implement the Frameworks Protocols and obtain funds to sustain the Project to continue its dissemination.

Who: YSPA, NAMI NH

When: 2006 and ongoing

2. Increase the proportion of emergency workers responding to suicides and suicide attempts who have received training that specifically addresses their own suicide risk and describes the unique needs of family and friends who survive suicide and suicide attempts.

Who: Frameworks Project, Bureau of EMS, Police Standards and Training, Office of Chief Medical Examiner (OCME)

When: 2005

*Objective 3.3 – Promote the implementation of support and education programs for family, friends, and associates of people who completed or attempted suicide.*

1. Expand distribution of Medical Examiner's Suicide Survivors Bereavement packet and maintain the list of resources for support.

Who: YSPA, OCME

When: 2005

2. Promote AFSP annual teleconference in November for Survivors of Suicide.

Who: YSPA Survivors Committee

When: 2004

3. Promote crisis intervention that decreases the likelihood of further suicidal behavior in survivors of suicide or suicide attempts.

Who: Critical Incident Stress Management (CISM) Teams, Disaster Behavioral Health Response Teams (DBHRT's), BBH, DOE, Bureau of EMS, police and fire, Community Mental Health Centers, Samaritans, others

When: 2005

4. Educate consumers and families on their rights and responsibility to obtain appropriate care and to facilitate the transfer of essential information among their providers.

Who: DHHS – BBH, Peer Support Agencies, NAMI NH

When: 2006

#### **Goal 4: Develop and Promote Effective Clinical and Professional Practices**

*Objective 4.1 – Increase the number of mental health, substance abuse treatment practices, hospitals, emergency departments, primary care practices and others that implement effective policies and procedures for screening for suicide risk.*

1. Encourage the routine use of questions to screen for suicide risk and the documentation of the results in the medical record.

Who: Frameworks Project, Private Provider Associations, NH Hospital Association, Department of Corrections, Bureau of EMS

When: ongoing

*Objective 4.2: Promote assessment by a mental health professional of those determined to be at risk of suicidal behavior.*

1. Promote use of effective protocols for ensuring collaboration between medical and mental health professionals

Who: Private Provider Associations and NH Hospital Association

When: ongoing

*Objective 4.3: Increase the proportion of patients treated for suicidal behavior who are given a mental health follow up plan.*

Who: Hospitals, Private Provider Associations, Community Mental Health Centers (CMHC)

When: Ongoing

*Objective 4.4 Increase the number of organizations that regularly rehearse crisis response plans including response to suicidal events.*

Who: Office of Emergency Preparedness, Bureau of EMS. DOE, Department of Corrections, DHHS and its divisions, NH Hospital Association.

When: ongoing

## **Goal 5: Improve Access to and Collaboration Among Mental Health, Health Care and Other Service Providers**

*Objective 5.1: Increase the number of NH residents with adequate access to mental and medical health care and other services that can reduce the incidence of suicide and suicidal behaviors.*

1. Collaborate with insurers, public and private funding sources, public agencies, professional groups, advocacy organizations and others to overcome barriers to access that include:
  - a. Inadequate insurance coverage or financial resources
  - b. Gaps in the continuum of care and treatment alternatives
  - c. Shortages of adequately trained health and mental health care providers
  - d. Cultural barriers e.g., language, income, sexual orientation
  - e. Disabilities

Who: YSPA, Healthy NH 2010, Minority Health Coalition  
When: ongoing
2. Implement models of practice (e.g., telemedicine demo projects in North Country and Manchester, consultative primary care, and CARE NH) that increase access and collaboration and that support providers  
Who: DHHS – BBH, Endowment for Health, Private Provider Associations, DHMC  
When: ongoing

*Objective 5.2: Increase community capacity to address suicidal behaviors, outlining procedures for the collaboration among mental health, health care and other service providers*

1. Facilitate dissemination and use of the Frameworks Model statewide.  
Who: YSPA, NAMI, SPP, Public Health Networks  
When: 2006

*Objective 5.3 Ensure sharing of essential client information among providers while protecting client rights.*

1. Convene state-level workgroup to focus on the sharing of information and privacy issues in light of Federal and State regulations.  
Who: NH Hospital Association, Suicide Prevention Partnership (SPP), Endowment for Health, DHHS, Private Provider Associations  
When: 2005
2. Develop and disseminate policies to facilitate sharing of information regarding a suicidal individual's mental health, physical health, plan of care, and legal and social issues among those providing treatment and services.  
Who: NH Hospital Association, Endowment for Health, DHHS, Department of Corrections, Private Provider Associations  
When: 2006

## **Goal 6: Improve and Expand Suicide Surveillance Systems**

*Objective 6.1: Produce and disseminate periodic reports on suicide and suicide attempts to policy makers and leaders.*

1. Produce Annual Report on Youth Suicide to include suicide deaths, attempt hospitalizations and ED visits, YRBS data, Claims Data Base and other relevant and available information. Expand to include all ages when feasible.  
Who: YSPA, DHHS  
When: 2004 and ongoing

*Objective 6.2: Refine standardized protocols for death scene investigations.*

1. Evaluate change in the data being collected through the Medical Examiners Office and refine processes and training based on the results.  
Who: – Office of Chief Medical Examiner (OCME)  
When: – 6/05

*Objective 6.3: Increase the proportion of hospitals including emergency departments that collect uniform and reliable data on suicidal behavior.*

1. Provide training and evaluation to improve the accuracy of coding and the use of secondary coding fields.  
Who: DHHS\_ and Maine Health Information Center  
When: 2005

*Objective 6.4: Increase the proportion of organizations and institutions that routinely collect and analyze reports on suicide attempts and utilize the Claims Data Base in order to develop and/or evaluate interventions.*

1. Examine current practices, review professional literature for best practice, and determine steps to improve the collection and use of the data.  
Who: DOE, Department of Corrections (DOC), DHHS and its contractors  
When: ongoing

*Objective 6.5: Integrate questions about suicidal behavior into health related surveys.*

1. Examine questions currently included on Youth Risk Behavior Survey, College Screening Project, Behavioral Risk Factor Surveillance System and other health related surveys and recommend changes as indicated.  
Who: Department of Education (DOE), DHHS, YSPA  
When: Ongoing

*Objective 6.6 Explore the feasibility of a Suicide Fatality Review Team comparable to the Child Fatality Review Team to seek systemic means of preventing and addressing suicides among all age groups..*

- Who: YSPA, Suicide Prevention Partnership, OCME, Office of Victim and Witness Assistance  
When: 2006

## **Goal 7: Implement Strategies to Reduce the Stigma Associated With Obtaining Mental Health and Suicide Prevention Services**

*Objective 7.1: Increase the proportion of the public that views mental and physical health as equal and inseparable components of overall health.*

1. Disseminate information from the President's New Freedom Commission Report on Mental Health including recommendations to integrate mental and medical health care as well as information on mental health disorders, suicide risk, and effective treatments and services.

Who: NAMI NH, YSPA, DHHS, DOE and Private Provider Associations

When: Ongoing

*Objective 7.2: Increase the proportion of the public that views mental disorders as real illnesses that respond to specific treatments and consumers of these services as persons taking responsibility for their overall health.*

1. Disseminate information to legislators, policy makers, providers and the public demonstrating that there are effective treatments for mental disorders.

Who: NAMI NH, YSPA, DHHS, DOE and Private Provider Associations

When: Ongoing

2. Educate the public and key gatekeepers that their acceptance of persons with mental illness and their addressing suicide openly can reduce suicide risk and prevent suicidal behaviors.

Who: NAMI NH, YSPA, DHHS, Bureau of EMS, DOE and Private Provider Associations

When: Ongoing

3. Provide opportunities for the public to hear from those in recovery from mental illness.

Who: NAMI NH, DHHS - BBH, Peer Support Agencies

When: Ongoing

## **Goal 8: Improve Media Reporting and Portrayal of Suicidal Behavior and Mental Illness**

*Objective 8.1: Increase the proportion of media professionals who have received training in appropriate reporting of suicidal events Identify allies who will educate the media and journalism teachers on Reporting on Suicide: Recommendations for the Media developed by the American Foundation for Suicide Prevention, American Association of Suicidology, and Annenberg Public Policy Center.*

Who: YSPA, NAMI NH, DHHS public information officers

When: Ongoing

*Objective 8.2: Increase the number of sources (public health officials, school personnel, medical examiners, etc.) who have received training in appropriate responses to inquiries from media professionals concerning suicide and suicidal events.*

1. Incorporate orientation to the *Recommendations for the Media* into suicide prevention training  
Who: YSPA, NAMI NH, DHHS public information officers, DOE  
When: Ongoing

*Objective 8.3: Increase the proportion of news reports and portrayals in NH that observe appropriate reporting of suicidal events, present prevention messages and offer non-stigmatizing views of mental illness.*

1. Create award for Effective Reporting or Editorial Content  
Who: YSPA Media Committee  
When: Fall 2004
2. Continue to respond to positive and negative media stories on an ongoing basis.  
Who: YSPA Media Committee, DHHS public information officers  
When: Ongoing

### **Goal 9: Promote efforts to reduce access to lethal means and methods of self-harm**

*Objective 9.1: Develop and offer training for medical, mental health and public safety professionals on assessing and addressing the presence of firearms, medications, drugs and poisons in the homes of those at risk of suicide.*

1. Work with an inter-disciplinary group to develop a training module specifically focused on reducing access to lethal means through assessment and counseling.  
Who: IPC, DHHS - MCH, SPP  
When: 2005
2. Incorporate the module into the Frameworks Training and evaluate its effectiveness.  
Who: IPC, NAMI NH  
When: 2005

*Objective 9.2: Determine whether there are site-specific interventions (e.g., bridge or roof barriers, institutional policies) or means-specific interventions (e.g., public education on lethality of acetaminophen) that could reduce suicidal events.*

1. Monitor suicide data to determine if there are clusters of events that are means- or site-specific and report findings to promote effective interventions when appropriate.  
Who: IPC, YSPA, OCME, DHHS, DBH, DOC, Department of Transportation (DOT), Bureau of EMS  
When: 2006